Name in Full: Leander Bayard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Back Creek Mills — County: Cecil

Date of death 1904: Month: May — Day: 5.

Age: Years: 21 — Months: 1. — Days: 13

Sex: Male — Color or Race: Colored — Birthplace: 1st District Cecil Co Md

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband:

Father's Name: Charles W Bayard — Father's Birthplace: 2d District Cecil Co Md

Mother's Maiden Name: Belle Smith — Mother's Birthplace:

Name of person giving information: C W Bayard — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: The dec'd had the measles from Dec 1903 — How long: since he contracted

Immediate: Pneumonia attended him — How long: with the Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: from April 29th to May 5th

Address: J. G. Wallace M.D.

Accident or Suicide?

LIBRARY BUREAU A28518

Name in Full: Jennings Springer Caldwell.

CERTIFICATE OF DEATH

MARYLAND.

Died at Town: Conowingo. County: Cecil.

Date of death 1904: Month: May. Day: 26.

Age: Years: No. Months: Four. Days: 26.

Sex: Masculine. Color or Race: White. Birthplace: Conowingo.

Married, Single or Widowed: Single. Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: W. T. Caldwell. Father's Birthplace: Cecil Co. Md

Mother's Maiden Name: Sophia E. Culley. Mother's Birthplace: Lanc. Co. Pa.

Name of person giving information: W. T. Caldwell. How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-enteritis. How long: 7 days

Immediate: " How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. W. Gillespie M. D.

Address: Pleasant Grove Pa

Accident or Suicide?

LIBRARY BUREAU A8951G

Name in Full: Mary J. Cooling.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Charlestowne County: Cecil Co

Date of death: Month: May Day: 10th 1904

Age: Years: 76 Months: Days:

Sex:

Color or Race:

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Mary E. Cooper.

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy

How long: One day

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. M. Stanley

Address: Perryville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary E. Dawson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Blake — County: Cecil

Date of death 1904 — Month: 3 — Day: 29 — Age: Years 77 — Months 8 — Days 3

Sex: Female — Color or Race: White — Birthplace: Pennsylvania

Occupation: — Where Residing if not at place of death: Ch. Blake

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Jacob James Dawson — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Sallie Dawson — How related to deceased: Daughter in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer Sarcoma — How long: about 2 years

Immediate: General debility — How long: about 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Edw. Richardson M.D.

Address: Colora Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full Thomas Jarrett — Certificate of Death

Died at Town Calvert County Cecil MARYLAND

Date: Month 5 Day 21 1904 Age Y. M. D. Nativity of Penna Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Paralysis — How long sick 2 days

Immediate — ~~Accident, Suicide, Homicide~~

Reported by D. H. Richardson M.D.

Address Calvert — Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Elizabeth Goodyear

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Elkton — County: Cecil

Date of death 1904 — Month: 5 — Day: 5 — Age — Years: 65 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Pa

Occupation: Housewife — Where Residing if not at place of death

Married, Single or Widowed: Widowed — Name of Wife or Husband: —

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Mrs Ash — How related to deceased: Step daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: 5 hours.

Immediate: Heart Failure — How long: 2 or 3 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Howard Bratton

Address: Elkton.

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A30016

Name in Full: Anna Bell Heath

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Banks — County: Cecil

Date of death: Month: May — Day: 27 — Year: 1904 — Age: Years: 7 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Cecil Co. Md.

Occupation: School. — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Thomas M. Heath — Father's Birthplace: Cecil Co. Md.

Mother's Maiden Name: Rachel Clark — Mother's Birthplace: Cecil Co. Md.

Name of person giving Information: Thomas M Heath — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measels — How long:

Immediate: Pneumonia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. D. Cawley

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charles A Hopkins

Color

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit — County: Cecil

Date of death 1904	Month	Day	Years	Months	Days
	May	11	Age 15		

Sex: Male — Color or Race: Colored — Birthplace: Port Deposit

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

Father's Name: William — Father's Birthplace: Port Deposit

Mother's Maiden Name: Margaret Coleman — Mother's Birthplace: " "

Name of person giving In formation: Margaret E Hopkins — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 2 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W E Cameron

Address: Port Deposit

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88215

Name in Full: Wm Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elkton; County: Cecil; MARYLAND

Date of death: 1904 May 16

Age: Years 1; Months 6; Days

Sex: Male

Color or Race: black

Birthplace: Elkton

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Joseph Hughes

Father's Birthplace: Md

Mother's Maiden Name: Phelin

Mother's Birthplace: "

Name of person giving Information: Father - Jos Hughes

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles, they say

How long: don't know

Immediate: Pneumonia

How long: 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno W. Carpenter M.D.

Address: Elkton, Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

Ellwood R. Lambert.

Certificate of Death

Died at Town: Unionville County: Cecil MARYLAND

Date 1904 Month: May. Day: 8th. | Age Y. 1 M. 4. D. 4 | Native of: Unionville | Occupation: Child.

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Theodore Lambert | Mother's Name: Laura Lambert.

Cause of Death — Primary: Meningitis | How long sick: 2 mo.

Immediate: Convulsions. | ~~Accident, Suicide, Homicide~~

Reported by: Chas. A. Ritchie, M. D.

Address: Middletown, Del.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Joseph. K. Lewis 4th

CERTIFICATE OF DEATH

MARYLAND

Died at: Walnut Valley — Town: — County: Cecil

Date of death: 1904 — Month: May — Day: 19 — Age: Years 40 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing If not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Anna M Armstrong

Father's Name: Norris Lewis — Father's Birthplace: Pa

Mother's Maiden Name: Kirk — Mother's Birthplace: Pa

Name of person giving Information: Anna M Armstrong — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sepsis — How long: Four yrs

Immediate: Pleuro-pneumonia — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David Mackey

Address: Lewisville Pa.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: McCummons 4 Dish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Providence — County: Cecil

Date of death: Month: May — Day: 23 — Year: 1904 — Age: Years: — Months: — Days: 0

Sex: Male — Color or Race: White — Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Lawrence McCommons — Father's Birthplace: Md

Mother's Maiden Name: Susie J. Carr — Mother's Birthplace: Md

Name of person giving Information: M. P. Duff — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn S. — How long:

Immediate: Stillborn — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David Mackey

Address: Lewisville Pa

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Sallie McVey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Zion; County: Cecil

Date of death: 1904 Month: May Day: 22 Age: Years: 45 Months: 7 Days:

Sex: Female Color or Race: White Birthplace: Cecil Co Md.

Occupation: House Wife Where Residing if not at place of death: Zion, Md.

Married, ~~Single or Widowed~~ Name of ~~Wife or~~ Husband: E. Wilmer McVey

Father's Name: R. L. Tosh Father's Birthplace: Cecil Co Md

Mother's Maiden Name: Anna Clendenin Mother's Birthplace: Penn.

Name of person giving information: Wilmer McVey How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy How long: 7 days

Immediate: Paralysis How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas F. Miller

Address: North East Md.

Accident or Suicide?

LIBRARY BUREAU A28816

Name in Full: Leland Marcus

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkton — County: Cecil

Date of death: 1904 — Month: May — Day: 26 — Age — Years: 82 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Ella Ward

Father's Name: Wm Marcus — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Mrs Ella Marcus — How related to deceased: Wife

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age. — How long:

Immediate: Accident. Fall of 10 ft. — How long: 13 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Custen Mitchell MD

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name In Full

Certificate of Death

Joseph Meridith

Town

County

Died at MARYLAND

Date 1904 Month May Day 3- | Age Y. 72 M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

420

Cause of Death — Primary: Chronic Bright's Disease — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Chas. F. Miller, M.D.

Address North East, [redacted] Md.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 72898

Name in Full: James Nelson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Country County: Cecil

Date of death 1904: Month: May Day: 23 Age: Years: 72 Months: Days:

Sex: Male Color or Race: White Birthplace: Ireland

Occupation: Farmer Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Sarah Crow

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Mrs Josh How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns How long: 4 wks + 3 days

Immediate: Exhaustion How long: 2 wks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Howard Bratton

Address: Elkton Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A285516

Name in Full: Stephen Redding

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Elkton — County: Cecil

Date of death: 1904 — Month: May — Day: 30 — Age: Years: 13 — Months: — Days: —

Sex: Male — Color or Race: Col. — Birthplace: Cecil Co

Occupation: Labourer — Where Residing if not at place of death: Elkton

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: J. Redding — Father's Birthplace: Cecil Co

Mother's Maiden Name: Jennie Anderson — Mother's Birthplace: Cecil Co

Name of person giving information: Hanna Francis — How related to deceased: Cousin

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Grippe — How long: 4 months

Immediate: Followed by Consumption — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm S. Crowley

Address: Elkton Md

Accident or Suicide? —

LIBRARY BUREAU A86516

Name in Full: William H. Reese

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Eastville — County: Cecil

Date of death 1904: Month: May — Day: 15 — Age: Years: 76 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Widower — Occupation: Laborer

Name of Wife or Husband: Sarah A. Reese

Father's Name: Not Known — Father's Birthplace: —

Mother's Maiden Name: Not Known — Mother's Birthplace: —

Name of person giving Information: Jno Bell — How related to deceased: Stepson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long:

Immediate: Bright's Disease — How long: 3 weeks,

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R M Black

Address: Cecilton Md

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88216

Name in Full: John Duvall

CERTIFICATE OF DEATH

MARYLAND

Died ~~at~~ Near — Town: Earlville — County: Cecil

Date of death	Month	Day	Years	Months	Days
1904	5	17	Age 69	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: male — Color or Race: African — Birthplace: Cecil Co

Occupation: Laborer on Farm — Where Residing if not at place of death: Near Earlville

Married, Single or Widowed: widower — Name of Wife or Husband: —

Father's Name: Jacob Duvall — Father's Birthplace: Not Known

Mother's Maiden Name: Nancy Gorkman — Mother's Birthplace: — —

Name of person giving In formation: Andrew Duvall — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease Heart — How long: Last 4 Years

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. M. Crawford M.D.

Address: Elkton Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Annie Mary Steward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Port Deposit — County: Cecil

Date of death: Month: May — Day: 30 — 1904

Age — Years: 1 — Months: 2 — Days: 4

Sex: Female

Color or Race: Colored

Birthplace: Port Deposit

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: — —

Name of Wife or Husband: — — —

Father's Name: Horace Steward

Father's Birthplace: Americus

Mother's Maiden Name: Mary Black

Mother's Birthplace: Canada

Name of person giving Information: Mother

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions

How long: 4 hours

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. E. Munroe

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full

8 Dist

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Colora — County: Cecil

Date of death 190 4 — Month: May — Day: 19 — Age: Years — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Colora

Married, Single or Widowed: Infants — Occupation:

Name of Wife or Husband:

Father's Name: W H Talbot Col. — Father's Birthplace: Belair Harford Co.

Mother's Maiden Name: Beatrice Berry. S. — Mother's Birthplace: Conowingo

Name of person giving information: W H Talbot — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stroke from — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J B Slicer M D

Address: Rising Sun Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Edward Thomas - Cold

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkton — County: Cecil

Date of death 1904 — Month: 5th — Day: 5th — Age: Years / Months / Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name — Father's Birthplace:

Mother's Maiden Name — Mother's Birthplace:

Name of person giving Information: Mrs Brady — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio Schlerosis & Heart trouble — How long: 1 yr

Immediate: Apoplexy — How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. Arthur Mitchell M.D.

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A33618

Name in Full: Kathleen Louise Walker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Colora — County: Cecil

Date of death 1904 — Month: May — Day: 29

Age — Years: — Months: 8 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Colora Md.

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: C L Walker — Father's Birthplace: Towlesville, N.Y.

Mother's Maiden Name: Charlotte Irene Cooper — Mother's Birthplace: Coopers Plains N.Y.

Name of person giving In formation: C L Walker — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Meningitis — How long: Three days

Immediate: Paralysis of Brain Center — How long: One day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John L Jennes M.D.

Address: Elkington Md.

Accident or Suicide?

LIBRARY BUREAU A28816

Name in Full Cassandra. Washington.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rowlandville. — County: Kent.

Date of death 1904 — Month: May. — Day: 24. — **Age** — Years: 80. — Months: — Days:

Sex: Female — Color or Race: Colored. — Birthplace: Churchville. Md.

Married, Single or Widowed: Widowed — Occupation: Laundress.

Name of Wife or Husband: George Washington.

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Samuel Rice. — How related to deceased: Son in Law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastric Carcinoma — How long: 3mo.

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Ernest Rowland

Address: Liberty Grove Md

Accident or Suicide?

LIBRARY BUREAU A8881C

Name in Full: John L Wirt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkton — County: Cecil

Date of death: Month 3 Day 17 1904 — Age: Years 52 Months Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Lawyer — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or ~~Husband~~: Ann Pearce

Father's Name: John W Wirt — Father's Birthplace:

Mother's Maiden Name: Margaret L Biddle — Mother's Birthplace:

Name of person giving Information: George Biddle — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Suppression of Urine — How long: 24 hours

Immediate: Uraemic Eclampsia — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Archer Mitchell M.D.

Address: Elkton Md.

Accident or Suicide? No

LIBRARY BUREAU A88516